



**The 2004 National Student / Parent  
Mock Election Enrollment Form  
for  
Individuals, Schools and School Districts**

Your name \_\_\_\_\_

E-mail address \_\_\_\_\_

**ESSENTIAL INFORMATION: I will be participating in the NSPME primarily as a:**

Classroom teacher conducting a mock election

School mock election coordinator

District mock election coordinator

Other \_\_\_\_\_

My work telephone: (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

My work mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My work street address \_\_\_\_\_ (If different from above)

**Fill out the following as they apply to you and your role in NSPME 2004 to the best of  
of your knowledge.**

Name of your school \_\_\_\_\_

Name of your principal \_\_\_\_\_

Name of your school district \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of your superintendent \_\_\_\_\_

Name / Title of your school coordinator \_\_\_\_\_

Name / Title of your district coordinator \_\_\_\_\_

Your home telephone (optional): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Estimate, if you can, how many of your students are likely to vote in the mock election? \_\_\_\_\_

**Fax or mail to:**

**Louisiana Secretary of State  
Mock Election Coordinator  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
Fax: (225) 219-0808**